



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Occupational Therapy Section
July 23, 2015
9:00 a.m.

Members Present

Beth Ann Ball, OTR/L, Secretary
Rebecca Finni, OTR/L, Chair (arrived @ 9:06am)
Jean Halpin, OTR/L
Mary Beth Lavey, COTA/L

Staff

Jason Bash, Investigator Assistant
Diane Moore, Executive Assistant
Jeffrey Rosa, Executive Director

Members Absent

Kimberly Lawler, OTR/L

Guests

Mary Stover

Legal Counsel

Melissa Wilburn, AAG

Call to Order

Rebecca Finni, Section Chair, called the meeting to order at 9:30 a.m.

The Section began the meeting by reading the vision statement.

The Occupational Therapy Section is committed to proactively:

- Provide Education to the Consumers of Occupational Therapy Services;
- Enforce Practice Standards for the Protection of the Consumer of Occupational Therapy Services;
- Regulate the Profession of Occupational Therapy in an Ever-Changing Environment;
- Regulate Ethical and Multicultural Competency in the Practice of Occupational Therapy;
- Regulate the Practice of Occupational Therapy in all Current and Emerging Areas of Service Delivery.

Approval of Minutes

Action: Beth Ann Ball moved that the minutes from the May 14, 2015, meeting be approved as submitted. Jean Halpin seconded the motion. The motion carried.

Action: Jean Halpin moved that the retreat minutes from the June 3, 2015, meeting be approved as submitted. Rebecca Finni seconded the motion. The motion carried.

Executive Director's Report

- The Executive Director informed the Section that occupational therapy renewal has ended.
- The Executive Director and Executive Assistant have participated in user acceptance testing for the new e-licensing system.
- The Executive Director informed that Section that he provided proponent testimony on HB169 on behalf of the Physical Therapy Section.

The formal Executive Director's report is attached to the minutes for reference.

Action: Rebecca Finni moved that the Section go into executive session pursuant to section 121.22 (G)(1) of the Ohio Revised Code to discuss personnel matters related to appointment, employment; dismissal; discipline, promotion; demotion; compensation of a public employee. Jean Halpin seconded the motion.

The Section Chair called roll:

Beth Ann Ball Yes
Rebecca Finni Yes

Jean Halpin	Yes
Kimberly Lawler	Absent
Mary Beth Lavey	Yes

The Section went into executive session at 10:10 am and came out at 10:35 am. The public member was asked to stay in the room. There was no action taken.

Discussion of Law and Rule Changes

The Executive Director informed the Section that draft rule language for concussion management and the BIA language is ready for filing. The Board will need to request an emergency rule filing to meet the statute deadlines.

Administrative Reports

Licensure Report

Action: Rebecca Finni moved that the Occupational Therapy Section ratify, as submitted, the occupational therapist and occupational therapy assistant licenses issued by examination, endorsement, reinstatement, and restoration by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board from May 14, 2015, through July 23, 2015, taking into account those licenses subject to discipline, surrender, or non-renewal. Mary Beth Lavey seconded the motion. The motion carried.

Occupational Therapist – Examination

Barnes, Anne	Baum, Rachael	Becker, Lauren
Bertsch, Mary	Boone, Lauren	Butcher, Kaitlin
Deheer, Jennifer	Del Valle, Ellen	Johnson, Leah
Jones, Anna	Kennedy, Melissa	Kimball, Jamie
King, Logan	Klinge, Briana	Lambrou, Peter
Lea, Courtney	Liuzzi, Christina	Marshall, Cayce
Murtagh, Elise	Nelson, Lauren	Patterson, Kathryn
Sisson, Jayme	Stasik, Sarah	Veith, Heather
Vittum, Alexis	Walters, Shannon	Wasil, Lauryn
Weber, Jessica	Weigand, Lindsay	

Occupational Therapy Assistant – Examination

Arena, Jessica	Beeson, Kelly	Billings, Jenna
Boddie, Dionna	Bollinger, Rebekah	Boyce, Kenna
Brannon, Jillian	Brown, Shayla	Cardarelli, Victor
Carroll, Laura	Carvalho, Arlene	Colovas, Carli
Davies, Erin	Dawes, Amy	Dejulia, Angelique
Dunkin, Christine	Entzi, Zachary	Epperheart, Tina
Evans, Suzan	Fajkos, Elizabeth	Flounders, Melissa
Francis, Carrie	Freisthler, Chelsea	Gigandet, Lindsey
Gilmore, Patricia	Glasgo Paula	Gould, Desaree
Grogg, Lori	Hahn, Jayden	Hamilton, Lindsay
Hardesty, Debora	Harper, Jessica	Harris, Christine
Hedges, Melissa	Hillery, Lauren	Jackson, Patience
Kahrig, Krista	Katakis, Nicholas	Keener, Taylor
Kelleher, Danielle	Khean, Samnang	Klawitter, Stephanie
Kocher, Brittany	Korbach, Darya	Lambers, Jennifer
Lowery, Adaijah	Luft, Kayla	Marling, Lindsay
Martin, Misty	McCaslin, Erin	McLay, Megan
McLendon, Megan	Meyer, Rebecca	Miller, Ashley
Minnich, Nichole	Mucci, Anthony	Nickols, Sarah
Parker, Tonja	Peters, Allison	Phillips, Ashley
Plummer, Alexa	Poplaski, Brittany	Poulson, Charmaine
Prince, Peggy	Rice, Alysa	Runneals, Tamala
Schmitmeyer, Andrea	Schneider, Kenneth	Shera, Randall
Smith, Misty	Speck, Craig	Spisak, Danielle

Stambaugh, Lance
Styndl, Audrey
Vitz, Tammy
West, Melonie
Wilson, Megan

Stanyard, Taylor
Tapley, Kelsey
Vosick, Brittany
White, Kristen
Wise, Patti

Striano, Denise
Thompson, Mindy
Wells, Krista
Wilging, Jenna
Zelenak, Amanda

Occupational Therapist – Endorsement

Allen, Fiona
Cipriano, Ida
Franklin, Ruth
Kief, Jennifer
Marshall, Brittany
Regelski, Gia
Stephens, Christina
Thomas, Katherine
Worrell, Michele

Bordner, Staci
Cowan, Jena
George, Maria
Lester, Kathryn
Pantazi, Beth-Anne
Rhodes, Ryan
Stevens, Julie
Turgeon, Eileen

Carter, Rebecca
Dombroski, Krista
Houston, Dara
Maheu, Jennifer
Phillips, Mary
Shivley, Sarah
Tenenbaum, Elana
Tuttle, Rebecca

Occupational Therapy Assistant – Endorsement

Betz, Diana
Grove, Brittany
Schnepf, Jessica
Wade, Autumn

Brashears, Stephanie
Hoerig, Melissa
Swanson, Alexis
Wood, Amy

Davis, McKenzie
Joyner, Misty
Urban, Cathy

Occupational Therapist – Reinstatement

Aldridge, Sarah
Kay, Mark
Mastropieri, Carolyn
Stradtman, Janet

Freyer, Tricia
Linn, Kellie
Ray, Sandi

Hrenya, Amanda
Loewe, Tiffany
Roberts, Shana

Occupational Therapy Assistant – Reinstatement

Gromley, Mallory

Pearce, Lisa

Occupational Therapist – Restoration

Harsh, Sandra

Limited License Agreements

Jean Halpin reported that the Section received one limited license application and closed zero limited license applications since the May 14, 2015, meeting. There are currently fourteen limited license applications/agreements being monitored.

Jean Halpin reported that Heather Nahhas complied with all terms and conditions and was released from her limited license agreement.

Jean Halpin recommended that, pursuant to rule 4755-3-12 (D) (2) of the Administrative Code, the Section offer a limited license agreement to occupational therapy assistant reinstatement applicant #5479398. **Action:** Rebecca Finni moved that Section grant limited license agreement to occupational therapy assistant reinstatement applicant #5479398. Mary Beth Lavey seconded the motion. Jean Halpin abstained from voting. The motion carried. The Section granted a limited license agreement to Judith Fiore.

Jean Halpin recommended that, pursuant to rule 4755-3-12 (D) (2) of the Administrative Code, the Section offer a limited license agreement to occupational therapy assistant reinstatement applicant #5481303. **Action:** Rebecca Finni moved that Section grant limited license agreement to occupational therapy assistant reinstatement applicant #5481303. Mary Beth Lavey seconded the motion. Jean Halpin abstained from voting. The motion carried. The Section granted a limited license agreement to Deborah Russo.

Jean Halpin recommended that the Section grant an extension of the limited license agreement for occupational therapist reinstatement applicant #5343828 based on the documentation provided. **Action:** Rebecca Finni moved that Section grant an extension of the limited license agreement for occupational therapist reinstatement applicant #5343828 based on the documentation provided. Beth Ann Ball seconded the motion. Jean Halpin abstained from voting. The motion carried. The Section granted an extension for Jordan Gray. The new deadline to complete the terms of the limited license agreement is October 31, 2015.

Continuing Education Report

Action: Mary Beth Lavey moved that the Section approve 88 applications and denied zero applications for contact hour approval. Jean Halpin seconded the motion. The motion carried.

Assistant Attorney General's Report

Melissa Wilburn, AAG, informed the Section of the impact of the appeals process based on a new 10TH District case.

Case Review Liaison Report

Kimberly Lawler reported that the Enforcement Division opened one case and closed four cases since the May 14, 2015, meeting. There are currently ten cases open. There are zero consent agreements and one adjudication order being monitored.

Enforcement Actions

Kimberly Lawler recommended that the Section accept consent agreement OT FY15-035 in lieu of going to hearing.

Action: Rebecca Finni moved that the Section accept consent agreement OT FY15-035 in lieu of going to hearing. Beth Ann Ball seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section accepted the consent agreement for Lisa Robbins, OT.

Kimberly Lawler recommended that the Section issue a notice of opportunity for a hearing for case number OT FY15-019 for documenting occupational therapy services that were not provided. **Action:** Jean Halpin moved that the Section issue a notice of opportunity for a hearing for case number OT FY15-019 for documenting occupational therapy services that were not provided. Mary Beth Lavey seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Correspondence

1. **Sheila Carlson:** Ms. Carlson asked the Section questions regarding whether occupational therapists are required to post a sign that they providing occupational therapy services in their residence. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that addresses the issue of posting a notification that an occupational therapy practice exists in a building.
2. **Patricia Cairns, OTR/L:** Ms. Cairns asked the Section questions regarding occupational therapy documentation requirements in an inpatient acute care center. **Reply:** According to the code of ethical conduct, established in rule 4755-7-8 of the Administrative Code: "(B)(3) All occupational therapy documentation, including, but not limited to, evaluations, assessments, intervention plans, treatment notes, discharge summaries, and transfers of care must be in written or electronic format." Determining the information needed in the documentation under the occupational therapy plan of care is the responsibility of the occupational therapist. While the Ohio Occupational Therapy Practice Act is not specific about the components of documentation, it is the position of the Occupational Therapy Section that occupational therapy practitioners should follow the American Occupational Therapy Association's *Guidelines for Documentation of Occupational Therapy* (AOTA, 2013) when determining documentation of occupational therapy in any setting. Any documentation required for reimbursement would be considered a payer issue, not a licensure issue, and therefore outside the jurisdiction of this board. It appears that you have researched the Medicare, Medicaid, and/or payer policies for any specific billing and reimbursement requirements in your setting. We recognize the challenges indicated by your situation. You also might contact the Ohio Occupational Therapy Association for further information regarding this matter.
3. **Audra Clark, OTR/L:** Ms. Clark asked the Section questions regarding records retention for individual occupational therapy notes. **Reply:** Although the Section does not have a policy for records retention, it is the position of the Occupational Therapy Section that the student records, such as IEPs and MFES, ultimately belong to the school district. It is recommended that occupational therapists retain a copy of their

therapy logs and intervention plans. Most school districts have a policy for length of retention and a policy for disposal, taking into consideration record privacy. Contacting the district record management representative may help with this decision.

4. **Cordell Jones, OTR/L:** Mr. Jones asked the Section if occupational therapist can bill for educating patients/family member on the proper use of adaptive equipment. **Reply:** Occupational therapy services are defined in section 4755.04 of the Ohio Revised Code to include methods or strategies selected to direct the process of interventions, including, but not limited to, establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired and compensation, **modification, or adaptation of activity or environment to enhance performance.** Provision of services to enable a client to maintain his or her current level of function would be **considered within the scope of occupational therapy practice.** The services you describe appear to fall within these parameters. As it is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice, the Section recommends that you refer to Medicare or Third Party Payer policies for specific guidelines regarding this issue. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.
5. **Amy French, OTR/L:** Ms. French asked the Section questions regarding supervision requirement for occupational therapy assistants working in a mental health unit. **Reply:** In the situation you describe, the individual would be functioning as a “Rehabilitative Therapist” who also happens to be an occupational therapy assistant. There is nothing in the Ohio Occupational Therapy Practice Act that would prohibit the individual from working in this capacity. However, if occupational therapy progress is being reported or an occupational therapy plan of care is being followed, **OR they are billing or being reimbursed for occupational therapy services when serving in this capacity,** an occupational therapist **must** provide supervision and all requirements of the Ohio Occupational Therapy Practice Act must be followed. In providing services other than occupational therapy, the occupational therapy assistant must make it clear to the client or family that the occupational therapy assistant is acting only in this other capacity. That is, communication must be done in such a way that if the client or family is asked, he/she could clearly testify in a legal proceeding as to the role of the individual who was providing treatment. The facility must also not represent this role as being more skilled due to additional education/credentials than required for that job description. You may also wish to note that their professional liability policy (if they have one) would not cover them while acting in any capacity other than as a licensed occupational therapist occupational therapy assistant. Pursuant to rules 4755-7-04 and 4755-7-10 of the Administrative Code, the OTA, COTA, OTA/L and COTA/L credentials may only be utilized if the occupational therapy assistant is under the supervision of an occupational therapist. The academic degree designation (“AAS in Occupational Therapy Assistant” or “AAS-OTA”) may be utilized at any time for services provided outside of occupational therapy to represent the knowledge and skills acquired as part of that education.
6. **Melissa Malito, OTA/L::** Ms. Malito asked the Section questions caseload requirements for occupational therapy assistants in a school based setting. **Reply:** The Ohio Occupational Therapy Practice Act **does not** regulate caseload levels. Ratios establishing the number of students that an occupational therapist may serve are located in administrative rules adopted by the Ohio Department of Education. Rule 3301-51-09 (I)(3)(c) & (e) of the Ohio Department of Education’s Operating Standards states that an OT shall provide services to no more than 50 school-age students or 40 preschool students. The Ohio Department of Education interprets this as the number of students to whom the therapist provides direct service. Paragraph (I)(1) of rule 3301-51-09 also states that determination of the appropriate ratio for an individual therapist must take into consideration the following: The severity of each eligible child’s needs; The level and frequency of services necessary for the children to attain IEP goals/objectives; Time required for planning services; Time required for evaluations including classroom observations; Time required for coordination of the IEP services; Time required for staff development; Time required for follow up; and Travel time required for the number of building served. Services provided to students without disabilities must also be considered in determination of therapist/student ratio. This includes screenings, assessments, consultation, and counseling with families and professionals. Attending Intervention Assistance Team (IAT) meetings, participating in Response to Intervention (RTI) programs, and training education professionals as a part of these programs also must be considered when determining the therapist/student ratio. All students served by an occupational therapy assistant (OTA) are part of the supervising occupational therapist’s caseload. In accordance with ODE’s Operating Standards, as well as the Ohio Occupational Therapy Practice Act,

OTAs do not have their own caseloads separate from that of the supervising therapist. It is the position of the Occupational Therapy Section that all responsibilities of the occupational therapist and occupational therapy assistant, including both direct and indirect service to students, must be considered when determining an appropriate therapist caseload. The number of students to whom the supervising therapist provides direct service must be reduced as the number of assistants a therapist supervises expands, since this increases the number of students for whom the therapist is responsible. The therapist must ensure provision of appropriate services and must not serve and/or supervise service for more students than he/she can provide skilled care, including informed direction of all aspects of the service provided for students by the assistant. The code of ethical conduct requires licensees, regardless of practice setting, to maintain the ability to make independent judgments and strive to effect changes that benefit the client (OAC 4755-7-08 (B)(9)). Educational agencies following the requirement of rule 3301-51-09 (I)(1), which states that additional factors must be considered when determining the appropriate caseload for a therapist, would bring therapist caseloads closer to a level that is in alignment with the therapist providing service only to the number of students that they can provide skilled care. The Section recommends two additional resources: Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at (419) 747-2806 or via email at cathy.csanyi@ode.state.oh.us, and the Ohio Occupational Therapy Association's pediatrics member support group chair at www.oota.org. Both may be able to assist you further with some of your questions regarding school-based practice.

7. **Ashley DeVore, OTR/L:** Ms. DeVore asked the Section if occupational therapists can treat a client for private pay based on the scenario provided. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that prohibits occupational therapists from providing independent private practice. It would be in your best interest to look into your contract with your hospital to see if there is a conflict of interest section which would restrict this action. Although the Ohio Occupational Therapy Practice Act does not expressly prohibit social connections with clients and/or their family members, scenarios may arise that make it difficult to separate your professional and social relationship with those individuals. The Section advises caution when providing services to clients with whom you may have a social connection. However, it is important to note that rule 4755-7-08 (C)(13) of the Ohio Administrative Code requires a licensee to advocate for clients to obtain needed services through available means.
8. **Jennifer Sekela, OTR/L:** Ms. Sekela asked the Section questions regarding starting an occupational therapy practice while continuing to work for a county early intervention program. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that prohibits occupational therapists from providing independent private practice. It is good to hear that you are looking into your contract with your program to see if there is a conflict of interest section that would restrict this action. It is important to note that rule 4755-7-08 (C)(13) of the Ohio Administrative Code requires a licensee to advocate for clients to obtain needed services through available means.
9. **Lavonne Elson, PT:** Ms. Elson asked the Section if it is appropriate for occupational therapist/occupational therapy assistant to complete section 12 (vehicle walk around) on a Car-Fit form. **Reply:** As stated on the CarFit Assessment form, the outcome of the CarFit program is to offer education only and “is NOT therapy.” The CarFit Assessment requires gathering objective data. It does not require interpretation of the data or an assessment of the performance components impacting the client’s performance level. Completion of the checklist may be delegated to an occupational therapy assistant since it is not interpretive, or evaluative in nature. Co-signature of the occupational therapy assistant’s documentation continues to be a requirement.
10. **Heidi Bramson, OTA/L:** Ms. Bramson asked the Section whether physical agent modalities include low light therapy. **Reply:** Although the Ohio Occupational Therapy Practice Act does not define physical agent modality, the Section confirms that low level light therapy would be considered a physical agent modality. It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice, however the Section recommends that you refer to payer policies for any specific billing and reimbursement requirements regarding your use of this modality. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.
11. **Anne Hess, OTR/L:** Ms. Hess asked the Section questions regarding information regarding occupational therapy school caseloads. **Reply:** Rule 3301-51-09 (I)(3)(c) & (e) of the Ohio Department of Education’s

Operating Standards states that an occupational therapist (OT) shall provide services to no more than 50 school-age students or 40 preschool students. The Ohio Department of Education interprets this as the number of students to whom the therapist provides direct service. Paragraph (I)(1) of rule 3301-51-09 also states that determination of the appropriate ratio for an individual therapist must take into consideration the following: The severity of each eligible child's needs; The level and frequency of services necessary for the children to attain IEP goals/objectives; Time required for planning services; Time required for evaluations including classroom observations; Time required for coordination of the IEP services; Time required for staff development; Time required for follow up; and Travel time required for the number of building served. Services provided to students without disabilities must also be considered in determination of therapist/student ratio. This includes screenings, assessments, consultation, and counseling with families and professionals. Attending Intervention Assistance Team (IAT) meetings, participating in Response to Intervention (RTI) programs, and training education professionals as a part of these programs also must be considered when determining the therapist/student ratio. All students served by an occupational therapy assistant (OTA) are part of the supervising therapist's caseload. In accordance with ODE's Operating Standards, as well as the Ohio Occupational Therapy Practice Act, OTAs do not have their own caseloads separate from that of the supervising therapist. It is the position of the Occupational Therapy Section that all responsibilities of the OT and OTA, including both direct and indirect service to students, **must be considered** when determining an appropriate therapist caseload. The number of students to whom the supervising therapist provides direct service must be reduced as the number of assistants a therapist supervises expands, since this increases the number of students for whom the therapist is responsible. The therapist must ensure provision of appropriate services and must not serve and/or supervise service for more students than he/she can provide skilled care, including informed direction of all aspects of the service provided for students by the assistant. The code of ethical conduct requires licensees, regardless of practice setting, to maintain the ability to make independent judgments and strive to effect changes that benefit the client (4755-7-08 (B)(9)). Educational agencies following the requirement of rule 3301-51-09 (I)(1), which states that additional factors must be considered when determining the appropriate caseload for a therapist, would bring therapist caseloads closer to a level that is in alignment with the therapist providing service only to the number of students that they can provide skilled care as required by their respective professional practice acts. It is the duty of the Occupational Therapy Section to protect the consumers of occupational therapy services and ensure that students receive care consistent with safe and ethical practices. To this end, licensees are required to report to their licensing board any entity that places them in a position of compromise with the code of ethical conduct as stated in rule 4755-7-08 (B)(12) of the Administrative Code. Please refer to the Board's website (<http://otptat.ohio.gov>) to review the *Determination of Appropriate Caseload for School-Based Occupational Therapy and Physical Therapy Practice Position Paper* and the *Comparison of Responsibilities of Occupational Therapy Practitioners in School-Based Practice Chart* documents. The Section recommends two additional resources: Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at (419) 747-2806 or via email at cathy.csanyi@ode.state.oh.us, and the Ohio Occupational Therapy Association's pediatrics member support group chair at www.oota.org. Both may be able to assist you further with some of your questions regarding school-based practice.

12. **Trina Firmi, OTR/L:** Ms. Firmi asked the Section questions regarding supervision guidelines for newly licensed occupational therapists/occupational therapy assistants working in PRN positions. **Reply:** Because you have written about this concern, it appears that you understand that supervision is a collaborative process and in the first years of practice, it requires extra effort. The supervising occupational therapist is the one listed on the Plan of Care for the client. If, for any reason, the evaluating occupational therapist will no longer be available to provide and supervise the occupational therapy care, the client must be transferred by that occupational therapist to another occupational therapist. This includes the situation where an occupational therapist is providing temporary coverage and might only evaluate a client and then delegate treatment to an occupational therapy assistant. The occupational therapist is terminating any further professional relationship with that client and **must transfer their responsibilities to another occupational therapist**. Termination of care does not include an occupational therapist taking regularly scheduled days off or job sharing. In those situations, another occupational therapist would be providing coverage or sharing the occupational therapy responsibility. It would be advisable to collaborate and/or make arrangements to allow for some overlap of time for a facility to facilitate supervision. Adjusting hours may allow for the supervision to occur in a legitimate manner. The supervising occupational therapist need not

be on-site, but must be available for consultation with the occupational therapy assistant at all times. (1) The supervising occupational therapist must provide supervision at least one time per week for all occupational therapy assistants who are in their first year of practice. (2) The supervising occupational therapist must provide supervision at least one time per month for all occupational therapy assistants beyond their first year of practice. Division (C) of section 4755.04 of the Revised Code, requires initial direction and periodic inspection of the service delivery. (3) **Supervision requires an interactive process between the supervising occupational therapist and the occupational therapy assistant.** The interactive process must include, but is not limited to, review of the following: (a) Client assessment; (b) Client reassessment; (c) Treatment/intervention plan; (d) Intervention; and (e) Discontinuation of treatment/intervention plan. (4) Co-signing client documentation alone does not meet the minimum level of supervision. (5) It is the responsibility of the occupational therapist **and** occupational therapy assistant to establish evidence that the supervision occurred in accordance with the requirements of this rule. This evidence may include documentation in the client record, or it may exist as a separate document, such as a collaboration log. Each occupational therapy practice should determine a system that will allow for this transfer of care in situation where an occupational therapist is terminating the client/therapist relationship. That transfer of care must be documented in the client's medical record by identifying the new occupational therapist by name, if there is an occupational therapist, or transferring to the individual responsible for management of therapy services, if there's not an occupational therapist, for reassignment. The occupational therapist who accepted the transfer of care is then responsible for supervising all aspects of the occupational therapy program that are delegated to occupational therapy personnel. If the client is not transferred to another occupational therapist, the evaluating occupational therapist is responsible for the overall care of the client, including the supervision of any occupational therapy personnel providing services to that client. Another important component to consider is, according to rule 4755-7-08 (B)(15) of the Ohio Administrative Code, a licensee shall adhere to the minimal standards of acceptable prevailing practice.

Joint Correspondence

JB1. Michael Mazak, OTR/L: Ms. Mazak asked the Occupational and Physical Therapy Sections questions regarding whether it is ethical for physical therapists to discharge occupational orders and only provide physical therapy orders in the scenarios described. **Reply:** It is the position of the Physical Therapy Section, that when working under a physician referral, the physical therapist does need to stay within the parameters of the referral. The Physical Therapy Section would expect the physical therapist to contact the physician regarding treatment procedures that the therapist considers inappropriate for that patient and to recommend alternative treatment. If the physician continues to insist on the disputed treatment, the therapist's only recourse may be to decline to treat the patient. The physician may refer to other care providers. Within a facility where the patient has no choice in selecting the physician or therapy team, the physical therapist may be able to present the dilemma to facility or medical administrators to explain the rationale for not providing the requested treatment. Physical therapists are able to assess the functional status of a patient in regards to activities of daily living. They are able to assess/evaluate if the patient is able to dress themselves, transfer and ambulate. Your questions are being forwarded to the Enforcement Division for further review.

JB2. Janene Mazanec PT, DPT: Dr. Mazanec asked the Occupational and Physical Therapy Sections questions regarding school-based occupational and physical therapy services. **Reply:** The Ohio Physical Therapy Practice Act does not specifically address the frequency of standardized testing or parental consent for testing for annual reviews of Individualized Education Programs (IEP). **In response to your first question,** if the parent has given consent to the evaluation as part of the Evaluation Team Report (ETR), as indicated on the planning form, then the parent has given consent for that area of development to be evaluated. It is the physical therapist's discretion to use standardized testing for annual IEP reviews, as needed, to reassess the student's current status. However, if the physical therapist or occupational therapist wanted to use a standardized test in an area that had not previously been tested in the ETR, then parental consent should be obtained and the new evaluation of the new area would need to be addressed with the ETR team. **In response to your second question,** if you want to obtain consent to test a new area, you must follow the appropriate procedures as outlined by the Ohio Department of Education. Section 7 of the IEP indicates the services on the IEP and should not be implied to indicate anything else. It is the position of the Ohio Occupational Therapy Section that the parent signature on the IEP which includes written information regarding further assessment being performed during IEP time period indicates parental consent. However,

the Section recommends informing the parent at the time of the evaluation so that communication channels may be kept open in case the parent has any concerns. There is nothing in the Ohio Physical Therapy Practice Act that indicates a physician needs to be notified each time a standardized test is administered to a student on an IEP. Best practice is to treat IEP annual reviews as a new episode of care, so the physical therapist should follow Ohio Revised Code, section 4755.481 regarding parental consent for physician notification of physical therapy services. Since the children are growing and maturing, best practice does suggest that a minimum of an annual physician notification should be done to ensure that changes in the child's medical status are documented in the physical therapy records.

- JB3. Kelly Susey, PT:** Ms. Susey asked the Occupational and Physical Therapy Sections questions regarding occupational and physical therapists joint evaluations for completing the Bayley III Development Evaluation. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act that prohibits a physical therapist from contributing to a team evaluation for a child in a developmental follow-up clinic. The physical therapy examination and evaluation should clearly reflect the findings and recommendations. It is the physical therapist's responsibility to develop a plan of care to appropriately reflect the individual services to be provided by the licensed physical therapy practitioner. There is nothing in the Ohio Occupational Therapy Practice Act that prohibits an occupational therapist from contributing to the team evaluation as described in your scenario.
- JB4. G. Brenda Coey:** Ms. Coey asked the Occupational and Physical Therapy Sections if occupational and physical therapists and/or the therapist supervisor can add documentation to a client's medical record two years after the last date of treatment. **Reply:** The Occupational and Physical Therapy Sections do not have jurisdiction to give a legal opinion.
- JB5. Tim Murphy, PT:** Mr. Murphy asked the Occupational and Physical Therapy Sections questions regarding records retention requirements for occupational and physical therapists. **Reply:** The Occupational Therapy Section does not have policy for records retention. The Section suggests that you contact your Medical Information Department and/or legal counsel regarding an appropriate record retention policy. The Ohio Physical Therapy Practice Act does not specify the length of time for document retention for the practice of physical therapy. Third party payer policies, Medicare and Medicaid, may be more restrictive than the Ohio Physical Therapy Practice Act. The therapist must comply with payer policies. On another topic, the Physical Therapy Section is working to educate physical therapists and physical therapist assistants in the correct credentials to use in professional signatures. Since PT or PTA is the regulatory designation allowing practice, rule 4755-27-07 of the Administrative Code requires that only those letters should immediately follow the person's name. Academic degrees may then follow the regulatory credential. For example, a nametag or signature might read Pat Doe, PT, MS, OCS. The Athletic Trainers Section also wants you to be aware of rule 4755-42-03 of the Administrative Code. Under this rule, all licensees are required to use the initials "AT" to indicate licensure. If you are currently certified by the BOC and want to use your ATC, that must be in addition to the initials AT.
- JB6. Kerri Romes, OTR/L:** Ms. Susey asked the Occupational and Physical Therapy Sections questions regarding license display requirements for occupational and physical therapists. **Reply:** According to the Physical Therapy Section, pursuant to section 4755.48(D) of the Ohio Revised Code, the certificate of license shall be conspicuously displayed in the primary clinic/office where the therapist practices. According to the Occupational Therapy Section, pursuant to Section 4755.08 of the Revised Code requires all licensees to display the wall certificate "in a conspicuous place at the licensee's principal place of business." In addition to a treatment room, the "*principal place of business*" can be the administrative office location for your practice (e.g. corporate office for a home health company, an office at the educational service center/school for whom the licensee works, etc.) or the licensee's private office area in the clinic or facility. "*Conspicuous*" means visibly displayed in some way within the principal place of business. It is not acceptable to file the original wall license out of sight.
- JB7. Phillip Boarman, OTR/L:** Mr. Boarman asked the Occupational and Physical Therapy Sections questions regarding how long a physician's order for occupational and physical therapy is valid. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act that dictates how long a physician prescription is valid. In accordance with section 4755.481 of the Ohio Revised Code, a physician prescription is not required for a physical therapist to examine a patient, though third party payer restrictions may apply. Third party payers, Medicare and Medicaid, maybe more or less restrictive than the Ohio Physical Therapy Practice

Act. The Section recommends you contact the reimbursement department at the Ohio Physical Therapy Association. Occupational therapists are not required to have a referral and/or prescription to evaluate or treat clients in the State of Ohio. However, hospital or facility policies, accrediting bodies, and/or reimbursement agencies may have other requirements and guidelines, including requiring a physician's referral and/or prescription, which need to be met for accreditation and/or reimbursement of occupational therapy services. Also, there would be a need to determine if the prescription continues to have an accurate description of the client's needs. You may wish to discuss your question with your legal counsel or your malpractice provider. It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommends that you refer to payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.

Old Business

None

New Business

Rules Re-Numbering Project Chapter 4755 Section 7

The Section tabled the rules re-numbering project for the next two meetings.

CE Credit for NBCOT Navigator

The Section determined that the NBCOT Navigator is eligible for continuing education credit. The occupational therapy practitioner is required to submit a copy of the certificate of completion as proof of completion.

Open Forum

There were no items discussed.

Ohio Occupational Therapy Association (OTA) Report

Heather Meredith had no formal report for the Section.

Items for Next Meeting

- Elections

Next Meeting Date

The next regular meeting date of the Occupational Therapy Section is scheduled for Thursday, September 10, 2015.

Action: There being no further business and no objections, Rebecca Finni adjourned the meeting at 12:02 p.m.

Respectfully submitted,
Diane Moore

Rebecca Finni, OTR/L, Chairperson
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board, OT Section

Beth Ann Ball, OTR/L, Secretary
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board, OT Section

Jeffrey M. Rosa, Executive Director
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

BB:jmr:dm